



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EMPLOYMENT TRAINING SECTION
**INDIVIDUAL TRAINING ACCOUNT
BILLING FORM**

P.O. BOX 480
JEFFERSON CITY, MISSOURI 65102

DESE 2

SECTION A

1. PARTICIPANT NAME

2. TRAINING AGENCY

3. AGENCY ADDRESS

CITY

STATE

ZIP CODE

4. CERTIFICATION NUMBER

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5. SOCIAL SECURITY NUMBER

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SECTION B - UNITS

1. BILLING PERIOD

START

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END

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SECTION C

1. TOTAL TUITION BILLED

\$						•		
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2. TOTAL FEES BILLED

\$						•		
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3. TOTAL SUPPLIES BILLED
(DOCUMENTATION MUST
BE ATTACHED)

\$						•		
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4. TOTAL COST BILLED

\$						•		
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I CERTIFY THAT THE INFORMATION REPORTED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

SIGNATURE

DATE

SECTION D

FOR STATE OFFICE USE ONLY

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1 - CORRECTION
2 - UPDATE

BILLING
MONTH

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